



Two Week Trial Registration Form

Please complete the following prior to assessment.

Name (Swimmer)			
Date of Birth			
Age			
Parent/Guardian Name			
Address			
Phone Number			
Email Address			
Illnesses/Injuries	Yes		No
Details			

Office Use Only

Start of two week trial					
Finish date of two week trial					
Squad for trial					
Sessions for trial	Mon	Tues	Weds	Thurs	Fri
Assessing Coach					
Assessing Coach Signature					